ANNEXURE-I

Rama Medical College Hospital & Research Centre,

Mandhana, Kanpur, UP.

CONSENT FORM

I .....son/husband of.....exercising my free power of choice, hereby give my consent to be included in the study **"A STUDY OF EFFECTS ONCOMBINATION THERAPY OF METFORMIN,GLIMEPIRIDEAND TENELIGLIPTIN ON INSULIN RESISTANCE ,LIPID PROFILE, RENAL PROFILE,HEPATIC PROFILE IN NORTH INDIAN TYPE-II DIABETIC POPULATION."** I hereby give my consent forinformation related to me to be reported in the research study.

I understand that my name and identity will be concealed.

Once signed, I cannot revoke my consent.

(To be explain in detail in native language)

सहमतफाम

म .....पु/पुपीनी..... वयंइसअययनमभागलेनारहा/ंहू ं I

म वयंमुझेसेसंबंधीसूचनाइसअययनकाय म काशतकरनेक/देतीहू सहमंतदेता I

म समझता/समझतीहू ं कमेरापहचानगोपनीयरखीजाएगी।

एकबारहतारके प चातमसहमतरनहंकरसकता/सकतीहू ं

सहभागी

नामः.....

ह ता र/अगुठेकानशानः.....

दनाकः.....

ANNEXURE-II

RAMA MEDICAL COLLEGE HOSPITAL& RESEARCH CENTRE MANDHANA, KANPUR.

I. INCLUSION AND EXCLUSION CRITERIA

INCLUSION CRIETRIAYES NO

1. Subject with Type 2 Diabetes Mellitus. ☐ ☐

2. Age group between 35-60 years. ☐ ☐

EXCLUSION CRITERIA

1. Persons suffering from acute and chronic infections. ☐ ☐

2. Persons with type-1diabetes ☐ ☐

3. Type2-diabetes mellitus with any other comorbidity. ☐ ☐

4. Pregnant subjects

Subject is eligible for the study, if all **INCLUSION** criteria are **YES** and all **EXCLUSION** criteria are **NO**

INVESTIGATOR'STATEMENT

I have verified the data entered in the case report form and have determined that it is complete, accurate and compatible with the source documents.

_____	_____	_____
Investigator's name	Investigator's signature	Date

II. WORKING PROFORMA

1. Registration No. : **Date** **OPD** **IPD** ☐

2. Contact No:

3. Name: **Age** ☐

Gender: a) Male ☐ b) Female ☐

4. Father's Name:

5. Place of Residence: a) Urban b) Rural

6. Address:

7. Marital status: a) Unmarried b) Married c) Divorced d) Widow

8. Education: _____

9. Occupation: _____

10. Diet: a) Vegetarian b) Non-Vegetarian

11. Height:

12. Weight:

III. Family history

1. Mother 2.Father

a) Mother suffers from type-2 diabetes mellitus: b) Father suffers from type-2 diabetes mellitus:

Yes No Unknown Yes No Unknown

3. No. of siblings: ☐

How many of them suffering from type-2 Diabetes mellitus? ☐

IV.MEDICAL HISTORY

1. Duration of type-2 diabetes Mellitus: ☐

	Yes	No
2. Diabetic complications:	☐	☐
3. Smoker/tobacco consumer:	☐	☐
4. Alcohol consumer:	☐	☐

5. Treatment:

If yes, specify: _____

Duration of treatment: _____

3. Patient complication:	**Low**	**Fair**	**High**
	☐	☐	☐